IDPH Responses to September 19, 20
Government Oversight Committee Meetings
October 2005

Q1. Is there duplication in child care regulations between DHS and DPH?

A1. There is no duplication in childcare regulations. The Department of Human Services (DHS) regulates licensed and registered child care businesses through the Iowa Administrative Code chapters 441-109 and 441-110. The Iowa Department of Public Health does not regulate child care directly. Rather, IDPH provides immunization and health standards that must be followed in licensed/registered child care settings.

- IDPH has administrative rules regarding immunization requirements that DHS references in their rules. (IAC 441-109.9(3), DHS rules, Immunization certificates refers to IAC 641-7, IDPH rules, rather than creating a separate DHS regulation on immunization).
- DHS IAC 441-109.11(7) Environmental hazards refers to IDPH IAC 641-70 regarding lead poisoning assessment.
- DHS IAC 441-109.11(7) Environmental hazards refers to IDPH IAC 641-43 regarding radon testing.
- DHS IAC 441-10915(6) Water supply refers to times when public or private water supplies are determined not suitable… the DHS rules states, "When public or private water supplies are determined unsuitable for drinking, commercially bottled water certified as chemically and bacteriologically potable or water treated through a process approved by the health department or designee shall be provided."

Q2. Would like more information on HOPES collaboration between DPH, DHS, and Empowerment. Is there an overlap in services provided at the local level by HOPES and Empowerment?

A2. There is not an overlap of HOPES-HFI and Empowerment because HOPES-HFI is an early-childhood program providing direct services and Empowerment is a local funding source for early-childhood programs. Funding and programming is "braided" at the local level. The HOPES-HFI programs are required to have a match in funds from the local community and many of them receive those match dollars from their local Empowerment. Performance measures/outcomes are required by empowerment and provided by the HOPES-HFI programs. Many of the HOPES-HFI programs attend the Empowerment board meetings and provide input and information as needed.

DHS and HOPES-HFI work closely in the communities due to HOPES-HFI serving families that are already at high risk. Families are referred to DHS as indicated for child abuse/neglect. HOPES-HFI works with DHS to provide parenting skills to parents when there is an identified need.

DPH, DHS, and Empowerment are all involved in building an early childhood system for care, health, and education in Iowa. This involves collaboration through regular communication and many initiatives such as defining and building a common definition for family support/home visitation and developing a resource communication tool for parents throughout the state. Also, technical assistance offered by any of the departments often invite and are open to all programs to participate.

Q3. Questions related to lead poisoning.

A3. Where does Iowa rank on lead poisoned children?
The current national average for percentage of children under the age of 6 y ears who are lead-poisoned is 1.6%. Data for the same time period in Iowa shows that the 8% of Iowa children are lead-poisoned, which makes the Iowa prevalence about 5 times the national average. This is consistent with the fact that Iowa ranks 5th in the nation for the percentage of housing built before 1950 and 3rd in the nation for the percentage of housing built before 1940.

How does Des Moines rank compared to New Orleans?
The Lead Elimination Plan for the state of Louisiana states that in calendar year 2000, 15.4% of the children tested in Orleans Parish, which is the home of New Orleans, LA, were identified as lead-poisoned. For the same time period, 6% of the children tested in the city of Des Moines were identified as lead-poisoned, and 13% of the children tested in zip code 50314 (highest-risk area of Des Moines) were lead-poisoned. The percentage of children identified as lead-poisoned in Cass, Clarke, Lucas, and Wayne counties was 15 to 17% for the same period. The difference in the percentage of children identified as lead-poisoned in Des Moines and New Orleans is probably due to the difference in the poverty rate. While 28% of New Orleans residents are living in poverty, only 11% of Des Moines residents are living in poverty. This would indicate that the housing in New Orleans is probably in poorer condition, making it more likely to cause lead poisoning in a child.

What's the treatment to reduce lead poisoning?
Children who are severely lead-poisoned will receive medication to reduce their blood lead levels quickly. For all children who are identified as lead-poisoned, the houses where they spend time must be "treated" to reduce the child's lead exposure. This involves safely repairing deteriorated lead-based paint, covering painted surfaces that children can chew on, and covering bare soil in the yard.

Who is most susceptible to lead poisoning and how do they get it?
Children under the age of 6 years are the most susceptible to lead poisoning because:

1. Their normal hand-to-mouth activity brings them into contact with paint chips, lead-contaminated soil, and lead-contaminated dust, so they are exposed to much more lead than older children and most adults.

2. Compared to older children and adults, these children absorb more than twice as much of the lead to which they are exposed.
3. Compared to older children and adults, lead causes much more damage to these children because it interferes with the development of their brain and central nervous system.

Most children are lead-poisoned when they put lead-based paint chips or lead-contaminated exterior soil in their mouths or when they get lead-contaminated house dust and soil on their hands and put their hands in their mouths.

How long does lead stay in the human body?
Lead initially enters the blood and soft tissue, including organs such as the brain. If a child is identified as lead-poisoned after an exposure of only 2-3 months and the exposure is stopped, it will probably take 6 to 9 months for the child's blood lead level to go back to a safe level. If a child has an extremely high blood lead level or if the exposure has been going on for 1 or 2 years before the child is identified as lead-poisoned, it can take 2 to 4 years or longer for the blood lead level to go back to a safe level after the exposure is stopped. These children will probably have a significant amount of lead in their bones for the rest of their lives.

Q4. Would like results on smoking cessation efforts in Iowa. Is the $5 million in funding being used successfully? On tobacco cessation, what focus is there on pregnant women and children?

A4: The State of Iowa ranks 29th among states in per capita funding for tobacco prevention and cessation programs.

At $5.6 million in FY 05/06, Iowa allocates only 28% of the U.S. Centers for Disease Control recommended minimum ($19.7 million) to support a comprehensive tobacco control program for our state. Despite this limited funding, Iowa's Tobacco Use Prevention and Control Division continues to be efficient and very effective in reducing and maintaining tobacco use at well below the national average. Since the program's inception in 1999:

- Smoking among middle school students fell to 7% in 2004, down from 12%. This represents a substantial decrease of nearly 42% in only 5 years. The national average for smoking in middle school is 8.4%.
- Smoking among high school students fell to 20% in 2004, down from 31%. This represents a drop of more than one third in only 5 years. The national average for smoking in high school is 22%.
- Adult smoking in Iowa decreased to 20% in 2004, down from 24%. The current national average for adult smoking is 22.5%.

The legislation establishing the Iowa Tobacco Use Prevention and Control Division requires that the program focus primarily on prevention of tobacco use by youth and not the cessation of tobacco use by adults.

- About one quarter of state funds allocated to the Division support the nationally recognized Just Eliminate Lies youth-led tobacco use prevention program. JEL currently has 5,000 members between the ages of 13 and 18 who are involved in peer education, social marketing, and tobacco policy advocacy in schools and communities across the state. A major component of the program includes the award-winning JEL tobacco use prevention media campaign.
- One-fifth of state program funds are allocated, through a contract with the Alcohol and Beverage Division, to support the enforcement of state and federal laws prohibiting the sale of tobacco products to minors. [Federal Synar regulations require that illegal sales of tobacco products to minors be kept to less than 20% (measured via compliance checks) or Iowa risks losing more than $13 million in federal drug and alcohol treatment funds.]
- More than one-third of state funds are allocated to Community Partnership grantees, 65 community organizations and local health departments which serve 95 counties. Community Partnerships are required, as one of three program components, to provide youth tobacco education and prevention activities at the local level.

Tobacco cessation for adults is supported by three separate projects within the state tobacco control program.

- Quitline Iowa
    - Quitline Iowa offers free, effective cessation counseling to all Iowans, including counseling in Spanish. Smokers who get telephone counseling are twice as likely to quit and stay quit as those who do not. In fact, 28% of Quitline Iowa clients who quit remained quit at 6 months, as compared to about 15% of those who did not access counseling.
    - More than 82% of Iowa smokers said they wanted to quit in 2004, up from 69% of smokers who said they would like to quit in 2002. In fact, more than 42% of Iowa smokers made a serious attempt in 2004.
    - Less than 5% of state tobacco program funds go to support Quitline Iowa (provided through a contract with the University of Iowa). Very little funding is available to educate Iowans about the Quitline Iowa and promote its services. This contributes to the fact that only 6% of adults have heard of Quitline Iowa, and only 1% of smokers have called to take advantage of counseling.
- Free Clinics
    - $75,000 annually has been earmarked by the legislature for grants to free clinics in Iowa. Theses funds provide for free cessation counseling and reduced or no-cost nicotine patches for uninsured clients.
- Community Partnerships
    - About 35% of Community partnership funding supports free cessation services in the counties they serve. These services include cessation classes, one-one-one counseling and, in a few cases, low cost nicotine patches.

Smoking during pregnancy continues to be a cause for concern in Iowa. In 2000, the Tobacco Use Prevention and Control Division implemented grants to support programs aimed at providing cessation services specifically to meet the needs of pregnant women. These grants included training for health care providers in effective techniques for brief cessation counseling. In 2003, when program funds were reduced by the legislature from $9.3 million to $5.1 million, these grants, among others, had to be eliminated.

- Smoking by women in Iowa during pregnancy is currently at 21%, down from 23%. The national average for smoking among pregnant women is 20%.
- Only 19% of pregnant women report that their health care providers warned them about the dangers of smoking during pregnancy. This is actually fewer than the 22% of women who reported being warned by their providers in 2000.

The tobacco control program also works with the Community Partnerships and grantees to educate the public about the benefits and to promote the adoption of smoke-free home and workplace policies.

- As a result of our efforts, 79% of Iowa workers are now employed in workplaces with 100% smoke-free workplace policies.
- Only 35% of smokers with children in the household allow smoking inside their homes. This compares with 70% of smokers with children nationwide who allow smoking in their homes.
- For FY 05/06, the legislature has earmarked and additional $30,300 to support grants to promote voluntary smoke-free policies in public places and workplaces.

Iowa's tobacco control program has been effective in reducing tobacco use and tobacco-related disease. Despite this success, tobacco remains the leading preventable cause of death in Iowa, responsible for 87% of lung cancers, 81% of COPD deaths, and 21% of heart disease deaths.

Annual smoking-related heath care costs in Iowa now total more than $937 million ($277 million of which is covered by Medicaid).

- For every 1000 Iowa youth prevented from smoking, future healthcare costs drop by about $16 million.
- For every 1000 Iowa adults who quit smoking, future healthcare costs drop by about $8 million.
- Immediate savings accrue from reductions in low-weight births and other complications of pregnancy when pregnant women quit smoking. Every $1 spent on cessation for pregnant women saves $3 in neonatal intensive care costs.
- State tobacco control programs have been shown to save $2 to $3.50 in healthcare costs for every $1 spent (CDC).

Q5. Record Retention - Departments of Corrections, Public Health, Administrative Services (ITE), Cultural Affairs (Archives), Courts, and Office of Secretary of State

- **What are the costs of storing and maintaining records?**

- **For outside requests, what are the costs of providing records from storage including number of staff, time spent fulfilling requests, etc.**
- **Have any diseases been found in stored documents?**
- **Have you surveyed other states regarding methods used for storage of records, length of time records are stored, legal requirements regarding retention of records? If not, the Committee requests that this be done and information reported back to the Committee.**
- **Suggestions to the Government Oversight Committee regarding suggested changes in the law on record retention, including length of time, methods for storage, public access to archived records, etc.**

A5.

What are the costs of storing and maintaining records?

The costs associated with storing and maintaining paper records are minimal for the Iowa Department of Public Health. State Archives is used for document storage and they do not charge the department for this service. Additionally, the department does not retain rental space for document storage.

However, the department's annual cost for maintaining and storing of electronic records is approximately $600,000/year, which includes Information Management staff time and hardware expenses.

For outside requests, what are the costs of providing records from storage including number of staff, time spent fulfilling requests, etc.

Excluding requests for certified copies of vital records (birth, death, and marriage certificates), the number of outside requests for records is negligible. No specific staff positions are dedicated to providing records (non-vital records) to the public from storage. The department has adopted the following fee schedule in our "Open Records" policy for responding to public requests.

Fees

Fees for time spent retrieving a public record may be charged to the requestor or the record in an amount equal to the actual cost of time spent providing non-incidental retrieval as provided under applicable law. Whenever possible, an estimate of fees will be provided to the requestor before a search is initiated.

The actual cost for non-incidental retrieval may vary according to the nature of the search that is specified by the requestor. However, non-incidental retrieval will ordinarily be set at $30.00 per hour. Fees for records that are accessible only with the assistance of Department of Administrative Services or State Archives personnel will be based on the fee structure that is established by these agencies. Requestors are generally billed for fees after their request has been processed. However, if total fees are expected to exceed $250.00, IDPH may require payment in advance of processing.

The Bureau of Health Statistics, responsible for registering vital events (births, deaths, marriages, and dissolutions) and issuing certified copies of vital records when requested, has a budget of just over $2 million. Included in this budget are 24 FTEs and all the costs associated with registering and issuing records (filming, film repair, hardware, information management support, postage, supplies, etc.). The bureau registers 95,000 vital events and issues 90,000 certified copies on an annual basis. Additionally, the bureau processes nearly 14,000 legal actions (name change, adoption, etc.) yearly.

Have any diseases been found in stored documents?

The possibility of someone contracting a disease from stored documents is remote. It is extremely unlikely that any viruses would survive on stored documents, and then go on to infect a person. Pathogenic bacteria do not survive very long outside of the body of a host organism and could not survive on a sheet(s) of paper, so this risk is extremely low as well.

Have you surveyed other states regarding methods used for storage of records, length of time records are stored, legal requirements regarding retention of records? If not, the Committee requests that this be done and information reported back to the Committee.

Vital records are required to be held indefinitely, which is consistent across the states. Some states rely heavily on electronic storage, while others are still working predominantly with paper. The Intelligence Reform Act 2004, passed as a result of the 9/11 commission recommendations will required that each state have electronic registration and storage of birth certificates by 2007. The Iowa Department of Public Health is currently in the process of creating a new electronic system for birth registration and storage of data. Electronic systems for registering deaths and marriages will be developed in upcoming years.

With regards to other public health and regulatory records, our department follows the counsel of the Attorney General's Office. Our department would be willing to participate in a state government-wide review of records storage. However, the Iowa Department of Public Health is comfortable with the statutory language currently in place as it relates to records storage.

Suggestions to the Government Oversight Committee regarding suggested changes in the law on record retention, including length of time, methods for storage, public access to archived records, etc.

Although costly, electronic storage of records allows for better customer service to Iowans. However, departments through the years have been expected to pull these costs

out of their program budgets, resulting in less direct services to the public. This barrier has prevented the development of electronic storage solutions.

Whenever possible the Government Oversight Committee should encourage electronic storage of data and records and also provide start-up funds to agencies with innovative information technology solutions. The Iowa Department of Public Health believes this would provide the incentive to move towards e-government and result in better customer service for Iowans.

Q6. Questions Related to the Gamblers Treatment Assistance Program.

A6.

How much funding carryover is available to FY 2006?
Carryover from FY2005 to FY2006 is estimated at $1,568,701.

Provide statistics on the number of persons receiving treatment, needing treatment, gone through treatment, success rates, and have gone through or require treatment after the initial treatment has been provided.

Clients Receiving Counseling Services from Agencies Contracting with IDPH

	Gamblers	Concerned Persons	Total Clients Served
FY 05	893	116	1009
FY 04	821	117	938
FY 03	790	129	919
FY 02	742	100	842
FY 01	802	142	944
FY 00	933	120	1053
FY 99	781	142	923
FY 98	826	190	1016

<u>Needing treatment</u>
An estimated 1% of Iowans are current probable pathological gamblers and an estimated 2.3% are current problem gamblers. This 3.3% total amounts to about 72,600 Iowans (18 years and older) who exhibit signs of problem gambling. “Current" means meeting the criteria in the past 12 months.

Gone through treatment
FY1998 through FY2005 data shows 1005 of 3160 gamblers completed or substantially completed treatment.

Success rates
92% (520 of 567) of gamblers who completed treatment reported no gambling at discharge.
82% (361 of 438) of gamblers who substantially completed treatment reported no gambling at discharge.

FY1998 through FY2005 data shows the following reasons for discharge:
18% - Completed Treatment, Treatment Plan Completed
14% - Completed Treatment, Treatment Plan Substantially Completed
61% - Client Left
3% - Program Decision Due to Lack of Progress
2% - Referred Outside
2% - Incarcerated
1% - Other

Have gone through or require treatment after the initial treatment has been provided.
From FY1998 through FY2005, 507 gamblers had gone through or required treatment after the initial treatment had been provided. This 507 represents 16.2% of the 3127 total gamblers admitted during this time period.

Is there a long term plan for the treatment program? If so, provide a copy to the Committee. If not, when could a plan be developed that would include a long term vision of where the program is going and what services should be provided?

Healthy Iowans 2010, Chapter 20 Substance Abuse and Problem Gambling (Mid-Course Revision) contains the long term plan for the IGTP. See http://www.idph.state.ia.us/common/pdf/healthy_iowans_2010/sagambling_update_060305.pdf).